IGIVEREADER

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THE ARNOLD & MARIE SCHWARTZ COLLEGE OF PHARMACY AND HEALTH SCIENCES

LONG ISLAND UNIVERSTIY

HONDURAS & NIGERIA

VOLUME 10: ISSUE 1

LEARN.
LOVE.
GIVE.

FEATURED STUDENTS:

JAMIE WONG

JUNGYOON CHOI

THERESA NNOLI

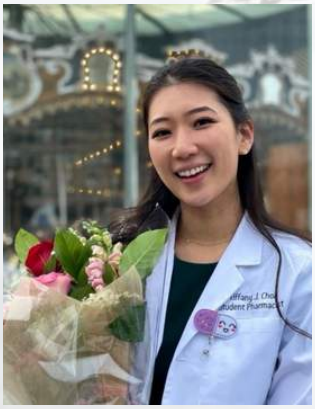
LIU Pharmacy

HONDURAS 2022

MAY 24TH - JUNE 2ND

LIU Pharmacy

PHARMACY CLASS OF 2025



JAMIE WONG

Hi there! My name is Jamie Wong and I am a current P4 student.

TIFFANY CHOI

My name is Jungyoon (Tiffany) Choi and I am a current P4 student at LIU.

We are excited to share our experiences in our first medical mission trip to Honduras!

SHOULDER TO SHOULDER MISSION STATEMENT

What is Shoulder to Shoulder?

Shoulder to Shoulder is a private, non profit, non-governmental organization. They are committed to helping the people of Intibucâ, Honduras since 1990. Our medical brigade worked together with local members of Hombro a Hombro for 10 days. Check out more at www.shouldertoshoulder.org

HONDURAS ITINERARY

MAY 24	DEPARTURE FROM JFK ARRIVED AT TEGUCIGALPA TRAVEL TO LA ESPERANZA
MAY 25	TRAVELING TO COLOMONCAGUA
MAY 26	CLINIC DAY 1: LLANO GRANDE
MAY 27	CLINIC DAY 2: SAN MIGUELITO
MAY 28	CLINIC DAY 3: SAN DOMINGO
MAY 29	BREAK DAY!!!
MAY 30	CLINIC DAY 4: EL MATASANO
MAY 31	CLINIC DAY 5: LOS AMATES
JUNE 1	TRAVELING TO BACK TO LA ESPERANZA
JUNE 2	TRAVELING BACK HOME

First Impressions in Honduras

La Esperenza

Our first brunch in Honduras!

Churches in Honduras

MORE THAN HALF OF THE HONDURAS POPULATION ARE ROMAN CATHOLICS AND WE SEE THAT RELIGION PLAYS A LARGE ROLE IN THE COMMUNITY AS WE SAW MANY CHURCHES CAN BE SEEN AS THE CENTRAL PART OF THE CITY.

ONE OF OUR CLINIC DAYS, WE RECEIVED LESS PATIENTS THAN EXPECTED BECAUSE IT WAS HAPPENING ON A RELIGIOUS HOLIDAY.

A LITTLE INSIGHT TO HONDURAS

PHARMACY PRACTICE

The healthcare system in Honduras consists of the public and private sectors. As of now, roughly 80% of the population has no access to quality health care as they face a high incidence of infectious diseases and a significant increase in diabetes and hypertension. In the cities we have visited, many patients have to walk from 30 mins to a few hours to get to the clinics. Despite no need of prescriptions to receive any medications, many patients cannot afford for the medications that they are in need of. For instance, the cost of 100 tablets of acetaminophen at the local pharmacy was approximately 220 lempiras, which is about 8 to 9 US dollars.

HOW ARE CLINICS IN HONDURAS?

SHOWN IN THIS PICTURE ARE THE DIFFERENT CLINIC SITES THAT STS HAS HELPED BUILD

As we traveled from La Esperenza to Colomoncagua, we stopped by a clinic at La Concepcion. We were fortunate to have a nurse guide us throughout the estate of the clinic and was able to learn that most of the clinics seem to be focused on primary care needs and birth deliveries as clinics have limited resources. However, people still travel in great lengths to go there, since there are not many clinics around. What was great about this clinic is that when a woman is close to their delivery date and traveled great distance to come there, the clinic provides a room and board for them. In addition, if the medical professionals in the clinic cannot help the patient, they are usually referred to go to La Esperanza, which can take about 3 hours!

How has COVID-19 impacted the clinic?
The nurse explained that during the peak of the pandemic, they were overworked and the government has stopped paying them for months. Therefore, they and many other health professionals and other Hondurans went on strikes until they are being acknowledged and paid.

Deep dive

by Jamie Wong

Before traveling to Honduras, Dr. Gim gave us some pointers and advice about the trip. We brought old suitcases we didn't want as well as trying our best to know some of the medications that are being used in this trip. Looking back, I wished we could study better on knowing more of the dosing and off label uses of medications.

When we first landed at Honduras, the temperature was humid but not excruciating warm, which I was thankful for. We spent the first two days getting to know everybody and traveling. I was fortunately not prone to motion sickness, however, traveling to Colomoncagua was difficult. We were traveling up the mountains and while the scenery was magnificent, the roads were very bumpy, narrow, and has many turns.

We had read past Honduras newsletters about their living situations and therefore, Tiffany and I had low expectations. We did expected to shower with cold water, have limited wifi, and be around insects. However, Tiffany and I had our own room and bathroom together, which was a pleasant surprise and was very lucky to have.

Our first day of clinic to Llano Grande was chaotic and overwhelming. We had experience working at retail pharmacy, therefore, we thought it'll be best for one person to fill and another to verify/dispense. The strategy was ineffective and we found it more efficient to take care of patients when we both are filling and verifying/dispensing together. Once we returned to the hotel from the clinic, we also sorted all the medications and labeled medications that were mostly used such as NSAIDS, ASAs and multivitamins. Pre-packing and labeling the night before clinic has helped us tremendously with the flow of the pharmacy clinic.

Although we had not started our MOST series yet, Dr. Gim has been a huge help and great resource to clinically learn from. For example, a patient came in with emergency hypertension and she explained in that scenario, we need to give them three antihypertensive medications and the importance to be adherent to antihypertensive medications.

A memorable part of this trip, besides playing soccer in the rain with the brigade team, was going out of my comfort zone and counseling patients in Spanish. In the clinic, we see a lot of patients come in with pain, especially in their back. Therefore, "dolor" and "espalda" was used a lot and you can also see the patients appreciate that you were trying to communicate with them in their own language.

True Bliss

by Tiffany Choi

On my 3rd undergraduate year, I took a seminar course with Doctors Without Borders and have been longing to participate in brigades. With the privilege of having Dr. Gim as my mentor, I was fortunate enough to be a part of this trip to Honduras. Prior to the trip, Dr. Gim and we had a few meetings to prepare for the trip including our tasks of printing medication labels & patient counseling brochures, obtaining other pharmacy related supplies as well as making our own drug monographs for the medications that will be used during the trip. Dr. Gim, Maine and STS teams organized the medication list, and I studied drug monographs until our last flight to Honduras landed safely – and this was only the beginning of this journey. On my way to Honduras, all types of mixed emotions came across: nervousness, fear, uneasiness, excitement and anticipation. However, once I met Maine and STS teams, I realized it was just my unnecessary thoughts and is going to be a wonderful experience for me to grow as a person and professional working by exceptional and intelligent team members.

One of the most memorable moments from the trip was turning a vaginal suppository into an anti-fungal cream on Day 2. The medical team member came into the pharmacy with a patient who required an anti-fungal cream for her foot and hands, and we were brainstorming how we could help a lady with the medications that we have brought. Dr. Gim advised me to open the vaginal suppository to see if we could cut them for a use, and with the consistency of the suppository, it was quite difficult to turn into a cream. At that moment, Dr. Gim grabbed a set of gloves and handed them to me to melt a suppository by rubbing with hands, and it was a true a-ha moment to me. With the climate of Honduras and the heat from my hands, the anti-fungal cream was created in a few minutes and applied directly to the patient's hands and foot from the gloves. It was a true "hands-on" experience that we've never witnessed, and we learned how to think outside of the box in a pharmacy setting.

Another memorable moment from Honduras could be my first patient counseling with the patients in my pharmacy journey. Previously in PHM 326 course, we learned the types of inhalers in the market and how to counsel patients with a use and precautions, and in a real pharmacy setting, I was able to apply my knowledge to demonstrate to patients under Dr. Gim's supervision.

On the last day of the trip, an elder lady with a beautiful flower-print shirt walked into the pharmacy. After our patient counseling, she gave big hugs to each one of us in the pharmacy and thanked us to be here for them. That was a moment that I realized why I am here and why I chose my career, and it is inevitable that this will be a great foundation of my pharmacy journey.

A look inside of our clinics

WHAT TO DO WITH CURIOUS KIDS?

LUNCH CALLS

WOULD YOU LIKE TO PINTAR?

¿DOLOR? ¿ESPALDA?

LIU MEETS MAINE!

PHARMACY AND MEDICAL TEAM COLLAB

MAINE TEAM

JULIA MCDONALD, D.O., MPH
SALAM AL-OMAISHI, M.D.
MIRIAM UDUEBOR, M.D.
ROSE KNUDSON, M.D.
ADRIAN RICE, PA-C
SARA ROBERTS, PA-C
HOPE ROVELTO
NANCY POULIN

LIU PHARMACY TEAM

SUZANNA GIM, PHARM.D., MPH
JAMIE WONG, PHARM.D. CANDIDATE'25
TIFFANY CHOI, PHARM.D. CANDIDATE'25

The LIU pharmacy team first met Maine team at a layover in Miami, Florida. We knew in an instant that we will collaborate well with each other as we all were open-minded and have a positive mindset. This became advantageous during our clinic days as no one in the team will hesitate to reach out if we saw that one particular area of clinic (rather that be pharmacy, triage, consults) became overwhelmed, . At the end of each clinic day, when we gather for dinner, we learned and improved so much from each other by discussing our experiences of the day, what we should do for our next clinic day, and what was our most memorable part of the clinic.

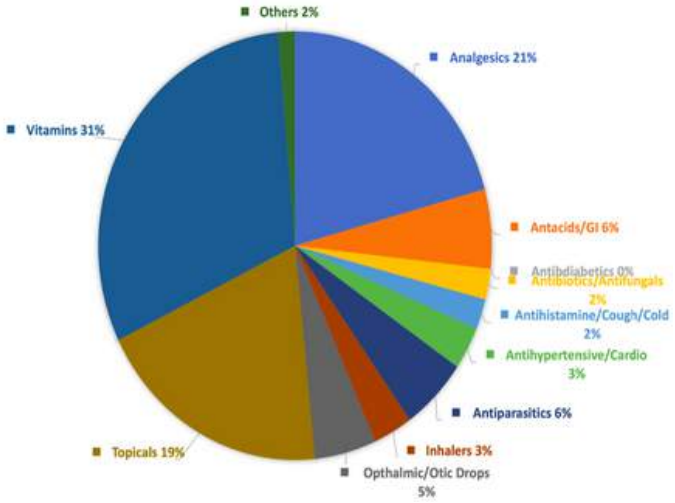
Clinic days can be tiring and long especially with the humidity and the warm climate. However, notably Julia and Gustavo, has always managed to put a smile in our faces through their singing, their humor, and their determination. On our last day of Colomoncagua, it was bittersweet as Julia brought her guitar and sang a song about the trip followed by Gustavo and his two sons - Alan and WIll.

Besides Gustavo, we also cannot run our clinic as smoothly and as efficient without the help of our translators. Eva, who helped the pharmacy team greatly, is a current nursing student who Gustavo recruited to help out in the brigade, Not only was she able to help us out with translating but she was able to teach us about the Honduras culture and how it plays in a role of medication adherence.

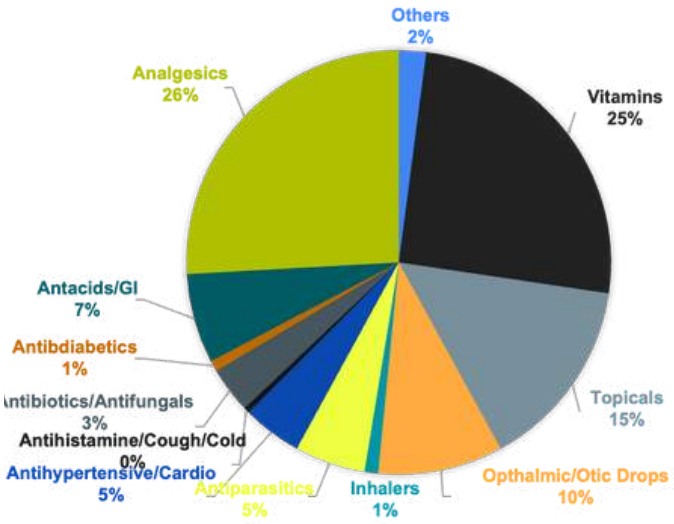
During our free time, we felt like our team bonded even more. We enjoyed talking in the pool and we were able to discuss our personal life and our different cultures with Alan, Will, and Gustavo. We also got our competitive spirit on playing soccer with everyone. Please do not ask who won and by how much though.

Clinic Data Overview

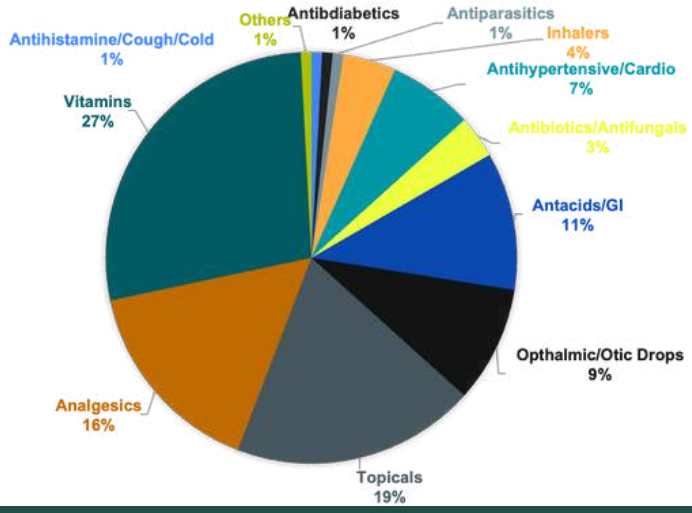
Medication Dispensed: Pediatrics
(% out of 271 Medications dispensed)



Medication Dispensed: Adults
(% out of 483 Medications dispensed)



Medication Dispensed: Elderly
(% out of 120 Medications dispensed)



Patient Characteristics

During five clinic days, the team served in total of 377 patients. In comparison to the 2017 mission trip, there is a 16.9% decrease due to pandemic and Honduran national holiday on Day 3. However, there is not much of impacts on the total number of prescriptions dispensed to the patients. 63.2% of the total patients were females, and 2.59% of female patients were pregnant. 52.52% of the total patients were adults, and 13.26% were over 65 years old.
On Day 1, we visited Llano Grande and served the most number of patients: 106 patients and 28.12% of the total patients. The lowest number of patients were served on Day 3 due to Honduran national holiday, which was 11.67% of the total patients.

Patient Diagnoses

Out of all patient diagnoses, arthritis/joint/back pain was the highest: 16% in adults and 19% in elderly. In pediatric patients, 22.8% of diagnoses were general check up followed by URI (10.8%) and headache (9.1%). There were 27 different types of diagnoses in adult patients, and the leading were arthritis/joint/back pain, headache and eye issues respectively. There was an increase of eye related diagnoses in elder patients which was 21% of 131 elderly diagnoses. There was also a 9% increase of hypertension diagnoses in comparison of adult patients.

Medication Dispensed

In all patients, vitamins were leading medications dispensed as shown on the charts: 31% in pediatrics, 25% in adults and 27% in elderly. The second leading were analgesics in pediatric patients whereas topicals in elderly patients. Analgesics were the most medications dispensed in adult patients in respect of their high number of arthritis/joint/back pain diagnoses. In comparison to US pharmacy settings, there was a high number of request of anti-parasitics due to their environment and diets.

INTERVIEW WITH GUSTAVO!

On the very last day of our trip, Gustavo, Jamie and I set down at the dinner table and had an amazing opportunity to share stories about his life and journey with STS.

T&J: Thank you very much for sparing your time with us, and we would love to hear your story with STS! Can you tell us about your background and how you started working with STS?

G: My name is Gustavo Adolfo Meza, and I grew up in San Pedro Sula where I was working at the call center and trying to find another job to support my family. I saw an ad about STS and sent a resume. Few days later, I was contacted by brigade coordinator of STS and got offered with an interview. In May 2016, I went to the interview location in Esperanza and took my son, Alan, with me. That was the first time meeting the Principle Laura and her husband, Paul.

T&J? Do you recall the interview day? How were you feeling?

G: When I walked into Las Margarita Hotel in Esperanza, there were 8 candidates, and Laura and Paul took us individually. They asked me how fluent I am in English and have any previous experience working with brigades.
At the age of 16, I worked as a radio announcer at the local radio station and had an opportunity to work with Lions Club International, a non-profit group that offers optometry brigades. This was my very first time being a part of brigades. It was not a paid position, but I enjoyed the experience a lot.
A few days later, I received a phone call Laura, and she said they loved my confidence and requested me to start the training the following Monday. As soon as I hung up the phone with her, I quit my previous job and left for the training - this was the beginning of my journey with STS.

T&J: You mentioned that you took your son, Alan, to the interview, and now he is working with you and STS. Also we absolutely love your home-cooked meal from your wife! Can you tell us how your family got involved with STS?

G: When I became a person that in charge of translators, drivers and cleaners, it was getting overwhelmed, and I requested them to bring my family to help out. My second son, Will, used to join us as a volunteer, and this is his 2nd time being a part of brigade.

T&J: What is your schedule like, and what would you like to spend your time when you're not working with STS?

G: Before pandemic, we used to organize 2 brigades every month, and this group is the 5th brigade since pandemic has started. On my days off, I work on my farms and grow coffee beans, fruits and vegetables. I am also a relator around my area.

T&J: What is the most memorable experience with STS?

G: It is definitely meeting people from all around the world and villages. I've had amazing opportunities to learn new things especially medical related. Also, becoming a family after each brigades is something that not everyone can experience - and I am very thankful for that.

T&J: What is the most difficult part of helping a brigade?

G: Definitely not being able to travel to every single communities is the most difficult part, and sometimes patients complain that the clinics are set up in the classrooms.

T&J: How does the community think about brigades?

G: They are beyond happy and thankful about brigades that travels all the way to help. However, some people who already have visited US have stereotypes towards Americans.

T&J: What advices would you give for people who would like to be a part of brigades?

G: I hope they are respectful towards the patients and be open-minded to get to know people. Having patiences is a plus while working at the clinics. Also, I hope they are not discouraged from stereotypes.

T&J: Is there anything else you would like to add on?

G: In the near future, we hope to have diverse specialists including dermatology and dentistry.

At the end of the interview, Gustavo mentioned that saying goodbye to the brigades never gets any easier and gave us big hugs.

INTERESTED IN GOING ON AN INTERNATIONAL PHARMACY APPE?

VISIT OUR WEBSITE FOR MORE INFORMATION:
https://liu.edu/Pharmacy/current-students/study-abroad

MAKE SURE TO FOLLOW US!

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